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JAP04 Rec'd PCT 05 SEP 2008 S

PTO/SB/21 (08-08)

Approved for use through 08/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/586,124-Conf. #1358
		Filing Date	July 14, 2006
		First Named Inventor	Kevin J. Lumb
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	81221(303981)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form x2 <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part 2 Copy of Notice Declaration Return Receipt Postcard
		<input type="button" value="Remarks"/>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Ralph A. Loren		
Date	September 5, 2008	Reg. No.	29,325

SEP 05 2008

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,870.00)

Complete if Known	
Application Number	10/586,124-Conf. #1358
Filing Date	July 14, 2006
First Named Inventor	Kevin J. Lumb
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	81221(303981)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 =	x 50.00	= 1,250.00		
HP = highest number of total claims paid for, if greater than 20.				

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration	130.00
1251 Extension for response within first month	120.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		29,325	(617) 239-0233
Name (Print/Type)	Ralph A. Loren	Date	September 5, 2008

09/10/2008 GFREY1 00000010 041105 10586124

01 FC:1615	1250.00 DA
02 FC:1617	130.00 DA
03 FC:1616	370.00 DA

BOS111 12312692.1



Application No. (if known): 10/586,124

Attorney Docket No.: 81221(303981)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM053181640US in an envelope addressed to:

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 5, 2008
Date



Signature

Alyson J. Lucas

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 951-0735

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page)
Fee Transmittal (1 page) x2
Declaration
Part 2 Copy of Notice
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Response to Notice to File Missing Parts of Application (2 pages)
Charge \$1,870.00 to deposit account 04-1105
Postcard



Docket No.: 81221(303981)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Kevin J. Lumb et al.

Application No.: 10/586,124

Confirmation No.: 1358

Filed: July 14, 2006

Art Unit: N/A

For: PITUITARY ADENYLYL CYCLASE
ACTIVATING PEPTIDE (PACAP)
RECEPTOR (VPAC2) AGONISTS AND
THEIR PHARMACOLOGICAL METHODS
OF USE

Examiner: Not Yet Assigned

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice to File Missing Parts of Application – Filing Date Granted mailed June 11, 2008, Applicant respectfully submits a Declaration, a Petition for Extension of Time, and Part 2 Copy of Notice.

Please charge our Deposit Account No. 04-1105 in the amount of \$1,870.00 covering the fees set forth in 37 CFR 1.17(a)(1) and 1.16(f). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by

this firm) to our Deposit Account No. 04-1105, under Order No. 81221(303981). A duplicate copy of this paper is enclosed.

Dated: September 5, 2008

Respectfully submitted,

By

Ralph A. Loren


Registration No.: 29,325
EDWARDS ANGELL PALMER & DODGE
LLP
Customer No. 21874
P. O. Box 55874
Boston, MA 02205
(617) 239-0233
Attorneys/Agents For Applicant



OIFP
SEP 05 2008
PATENT AND TRADEMARK OFFICE

UNITED STATES PATENT AND TRADEMARK OFFICE

30328 181221

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/586,124	Kevin Clairmont	5189
35969 Bayer Health Care LLC 400 Morgan Lane West Haven, CT 06516	INTERNATIONAL APPLICATION NO. PCT/US05/02609	I.A. FILING DATE PRIORITY DATE 01/27/2005 01/27/2004

CONFIRMATION NO. 1358
371 FORMALITIES LETTER



OC000000030417638

Date Mailed: 06/11/2008

**NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371
IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)**

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated Office (37 CFR 1.494):

- Priority Document
- Copy of the International Application filed on 07/14/2006
- Copy of the International Search Report filed on 07/14/2006
- Information Disclosure Statements filed on 07/14/2006
- Biochemical Sequence Diskette filed on 07/14/2006
- Request for Immediate Examination filed on 07/14/2006
- U.S. Basic National Fees filed on 07/14/2006
- Priority Documents filed on 07/14/2006

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Additional claim fees of \$1620 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.
- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fees required for this application is \$1500 for a Large Entity:

- \$130 Surcharge.

Total additional claim fee(s) for this application is \$1620

- \$1250 for 58 total claims over 20.
- \$370 for multiple dependent claim surcharge.

(A previous payment of \$250 will be applied to the additional fees indicated above.)

DO/EO/ELECTED

RESPONSE DATE	8/11/08
ACTION REQUIRED	MR
FILED	12/14/08

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

Registered users of EFS-Web may alternatively submit their reply to this notice via EFS-Web.

<https://sportal.uspto.gov/authenticate/AuthenticateUserLocalEPF.html>

For more information about EFS-Web please call the USPTO Electronic Business Center at **1-866-217-9197** or visit our website at <http://www.uspto.gov/ebc>.

If you are not using EFS-Web to submit your reply, you must include a copy of this notice.

LAMONT M HUNTER

Telephone: (703) 308-9140 EXT 201